

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

12 -62-002374

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 162

Primary Registration District No. 5595

Registrar's No. 12

FILED JAN 29 1962

1. PLACE OF DEATH

a. COUNTY

JEFFERSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

ARNOLD

Length of stay in 1b

5 YRS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

RT-1-BOX 406

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JEFFERSON

c. CITY
OR TOWN

ARNOLD

Inside Limits

Yes ☐ No ☐d. STREET
ADDRESS

(If outside, give location)

RT-1-BOX 406

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

SARAH

Middle

J.

Last

GWALTNEY

4. DATE
OF DEATH

Month

Day

Year

JAN - 14 - 1962

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

AUG-26-1899

9. AGE (last birthday)

72

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

HOME

11. BIRTHPLACE (City and state or country)

ESSEX, MO

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

WILLIAM LACEY

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

LEON GWALTNEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

NIL

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

EDNA HARRIS

RT-1-BOX 406
ARNOLD, MO18. CAUSE OF DEATH (Enter only one cause per line for (a)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction

DUE TO (b)

Coronary Artery Occlusion

DUE TO (c)

Arteriosclerosis

INTERVAL BETWEEN
ONSET AND DEATH

Immediate

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Congestive Failure

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

130 AM

1/16/62

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

Home

20f. CITY, TOWN, OR LOCATION

Arnold MO

COUNTY

Jeff

STATE

MO.

21. I attended the deceased from 1958 to 1961 and last saw her alive on Dec. 18, 1962
Death occurred at 130 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr. J. J. J. J. J.

22b. ADDRESS

Arnold Clinic Arnold MO.

22c. DATE SIGNED

1/16/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

REMOVAL

23b. DATE

JAN-17-1962

23c. NAME OF CEMETERY OR CREMATORY

ST. TRINITY LUTHERAN CEM.

23d. LOCATION (City, town, or county)

REMAU MO

24. FUNERAL DIRECTOR

ADDRESS

FEY FUNERAL HOME, MEHLVILLE MO

25. DATE RECD. BY LOCAL REG.

1-17-62

26. REGISTRAR'S SIGNATURE

Robert E. Bauer

(Licensed Embalmer's Statement on Reverse Side)

JAN 30 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Justin W. Dietrich

Licensed Embalmer No. *432*

P. O. Address *St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.